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FACSIMILE COVER SHEET

DATE: JANUARY 17, 2005

NUMBER OF PAGES (INCLUDING
THIS TRANSMITTAL COVER SHEET): 3

YOUR REFERENCE: 10/791,072

OUR REFERENCE: 306288

To: MAIL STOP
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

FACSIMILE NUMBER: (703) 872-9306

FROM: ROGER D. WYLIE

DIRECT LINE: (206) 521-5984

In re Application of:
PETERSON ET AL.

Application No. 10/791,072

Group 3673

Filed: March 1, 2004

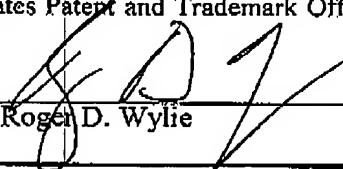
Examiner: Saldano, Lisa M.

For: Sleeping Bag with Cinching Mechanism

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Roger D. Wylie

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FORM PTO-1083

In re Application of: Peterson et al.
 Application No. 10/791,072
 Filed: March 1, 2004
 For: Sleeping Bag with Clinching Mechanism

PATENT
 Attorney Docket No. 306288
 Client Reference No. Orgbt-2-4397
 Date: January 17, 2005

Mail Stop
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the subject application.

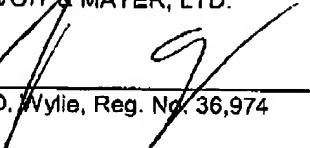
- Applicants claim small entity status of this application under 37 CFR 1.27.
- Petition for Extension of Time
 - Applicants petition for a one-month extension of time under 37 CFR 1.136, the fee for which is \$110.00 (enclosed).
 - Applicants believe that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, Applicants hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.
- No additional claim fee is required.
- Other:

The claim fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADDT. CLAIM FEE	RATE	ADDT. CLAIM FEE	
TOTAL	32	MINUS	26	=4	x 25=	\$	x 50=	\$200.00
INDEPENDENT	3	MINUS	3	=0	x 100=	\$	x 200=	\$0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM				+ 180=	\$	+ 360=	\$0.00	
				TOTAL	\$	TOTAL	\$	\$200.00

- Please charge my Deposit Account No. 12-1216 in the amount of \$200.00. A duplicate copy of this sheet is attached.
- A check in the amount of \$ is attached.
- The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216. A duplicate copy of this sheet is attached.
 - Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
 - Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,
 LEYDIG, VOIT & MAYER, LTD.

By 
 Roger D. Wylie, Reg. No. 36,974

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 Seattle, Washington 98101
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PATENT

Attorney Docket No. 306288
Client Reference No. Orgbxt-2-4397
Date: January 17, 2005

In re Application of: Peterson et al.
Application No. 10/791,072
Filed: March 1, 2004
For: Sleeping Bag with Cinching Mechanism

Mail Stop
Commissioner for Patents
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Alexandria, VA 22313-1450

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TOTAL	MINUS				RATE	ADDT. CLAIM FEE	RATE	ADDT. CLAIM FEE
INDEPENDENT	3	MINUS	3	=0	x 100=	\$	x 200=	\$0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM					+ 180=	\$	+ 360=	\$0.00
						TOTAL	\$	TOTAL \$200.00

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Respectfully submitted,
LEYDIG, VOIT & MAYER, LTD.

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Roger D. Wylie, Reg. No. 36,974

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PATENT
Attorney Docket No. 306288

In re Application of:

Peterson et al.

Application No. 10/791,072

Filed: March 1, 2004

For: Sleeping Bag with Cinching Mechanism

Group Art Unit: 3673

Examiner: Saldano, Lisa M.

AMENDMENT A

Commissioner for Patents
Washington, D.C. 20231

Sir:

In The Claims

Please amend the following claims as indicated.

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